Case 19-21814-VFP Doc 112 Filed 11/20/23 Entered 11/20/23 12:17:50 Desc Main Document Page 1 of 7

Fill in this info	ormation to identify your	case:		
Debtor 1	Antoinne Thomps	son		
	First Name	Middle Name	Last Name	
Debtor 2	Ivonne M. Thomp	son		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the:	NEW JERSEY		
Case number	19-21814			
(if known)				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

info	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendor original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	255,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	32,975.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	287,975.00
Par	t 2: Summarize Your Liabilities		
			abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	32,182.83
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	50,629.12
	Your total liabilities	\$	82,811.95
Par	t3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,763.84
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,667.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	edules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and su	ubmit this form to

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the October of New Owner (March because Owner below the American Owner below to the Am

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$_____3,969.23

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this information	n to identify your case:	
Debtor 1	Antoinne Thompson	
Debtor 2 (Spouse, if filing)	Ivonne M. Thompson	
United States Bankr	uptcy Court for the: NEW JERSEY	
Case number 1	9-21814	Check if this is:
(If known)		An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Forn	n 106 <u>l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,		■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Mail Carrier	
	Include part-time, seasonal, or self-employed work.	Employer's name	United States Postal Service	
	Occupation may include student or homemaker, if it applies.	Employer's address	21 Kilmer Road Edison, NJ 08899	
		How long employed th	nere? 8.5 years	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,902.75 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 4,902.75 0.00

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1 tor 2	Antoinne Thompson Ivonne M. Thompson	_	Ca	se number (if known)	19-21	1814	
					or Debtor 1		Debtor 2 or -filing spouse	
	Cop	y line 4 here	4.	\$	4,902.75	\$	0.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,000.92	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$		\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$		\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$		\$	0.00	
	5e.	Insurance	5e.	\$	688.72	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	66.89	\$	0.00	
	5h.	Other deductions. Specify: Credit Union Savings	5h		108.00	+ \$	0.00	
		Thrift Savings Plan	_	\$	84.54	\$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,138.91	\$	0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,763.84	\$	0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$		\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$		\$	0.00	
	8d.	Unemployment compensation	8d.	\$		\$	0.00	
	8e.	Social Security	8e.	\$		\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g.	\$		\$	0.00	
	8g. 8h.	Other monthly income. Specify:	8h	,		*	0.00	
	OII.		_ 011.	΄ Ψ	0.00	` <u> </u>	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,763.84 + \$		0.00 = \$2,763	3.84
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	deper					0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$ 2,763	3.84
13.	Do :	you expect an increase or decrease within the year after you file this form' No.	?				Combined monthly inco	me
		Yes. Explain: Debtor's overtime is sporadic and thus has been	aver	ane	d over the year			

Official Form 106l Schedule I: Your Income page 2

Cill	in this information to identify your case:				
Deb	Antoinne Thompson			if this is:	
Dob	tor 2 Ivonne M Thompson		= .	n amended filing	ving postpetition chapter
	otor 2 Ivonne M. Thompson				the following date:
Unit	ed States Bankruptcy Court for the: NEW JERSEY			IM / DD / YYYY	
Coo	o number 40 24944				
	e number 19-21814 nown)				
	fficial Form 106 L				
	fficial Form 106J				
	chedule J: Your Expenses as complete and accurate as possible. If two married people are	a filing together, bot	h are equal	ly responsible fo	12/15
info	ormation. If more space is needed, attach another sheet to this finber (if known). Answer every question.				
Par	t 1: Describe Your Household				
1.	Is this a joint case?				
	☐ No. Go to line 2.				
	■ Yes. Does Debtor 2 live in a separate household?				
	■ No □ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate Househ	old of Debto	r 2	
		To Coparate Froderi	0.0000		
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes
					□ No
					☐ Yes ☐ No
					☐ No☐ Yes
					□ No
					☐ Yes
3.	Do your expenses include ■ No		_		
	expenses of people other than yourself and your dependents?				
	<u> </u>				
	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a supp				
	licable date.	iementai <i>Schedule</i> S	, check the	box at the top o	i the form and mi m the
	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I:</i> Y				
	ficial Form 106l.)	our income		Your expo	enses
4.	The rental or home ownership expenses for your residence. In	nclude first mortgage	4. \$		0.00
	payments and any rent for the ground or lot.		4. Ф		0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		584.00
	4b. Property, homeowner's, or renter's insurance4c. Home maintenance, repair, and upkeep expenses		4b. \$ 4c. \$		73.00
	4d. Homeowner's association or condominium dues		4d. \$		0.00
5.	Additional mortgage payments for your residence, such as hor	me equity loans	5. \$		0.00

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	tor 1 tor 2		e Thompson	Coop num	har (if Imaum)	19-21814
Den	101 2	Ivonne iv	M. Thompson	Case num	ber (if known)	13 2 10 14
6.	Utilit	ies:				
-	6a.		heat, natural gas	6a.	\$	130.00
	6b.	Water, sev	wer, garbage collection	6b.	\$	92.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	70.00
	6d.	Other. Spe	ecify:	6d.	\$	0.00
7.	Food		ekeeping supplies		\$	400.00
8.	Child	dcare and c	children's education costs	8.	\$	0.00
9.	Cloth	ning, laund	ry, and dry cleaning	9.	\$	0.00
10.	Pers	onal care p	products and services	10.	\$	25.00
11.	Medi	ical and de	ntal expenses	11.	\$	20.00
12.	Trans	sportation.	Include gas, maintenance, bus or train fare.			400.00
	Do no	ot include ca	ar payments.	12.	· <u> </u>	100.00
			clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Char	itable cont	ributions and religious donations	14.	\$	0.00
15.		rance.				
			surance deducted from your pay or included in lines 4 or 20.	45-	Φ.	0.00
		Life insura		15a.	·	0.00
		Health ins		15b.	· -	0.00
		Vehicle ins		15c.	·	153.00
			Irance. Specify:	15d.	\$	0.00
	Spec	ify:	clude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.			ease payments:		_	
			ents for Vehicle 1	17a.	*	0.00
			ents for Vehicle 2	17b.	·	0.00
		Other. Spe		17c.	·	0.00
		Other. Spe		17d.	\$	0.00
18.			of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Othe	r payments	s you make to support others who do not live with you.		\$	0.00
	Spec	,		19.		
20.			erty expenses not included in lines 4 or 5 of this form or on Sche			
			s on other property	20a.	· -	0.00
		Real estat		20b.	·	0.00
			nomeowner's, or renter's insurance	20c.	·	0.00
			nce, repair, and upkeep expenses	20d.		0.00
	20e.	Homeown	er's association or condominium dues	20e.		0.00
21.	Othe	r: Specify:	Pet Food & Care	21.	+\$	20.00
22	Calc	ulate vour i	monthly expenses			
			through 21.		\$	1.667.00
			2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	1,007.00
					·	4 667 00
	22C. I	Add line 228	a and 22b. The result is your monthly expenses.		\$	1,667.00
23.	Calc	ulate your i	monthly net income.			
	23a.	Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	2,763.84
	23b.	Copy your	monthly expenses from line 22c above.	23b.	-\$	1,667.00
	23c.		our monthly expenses from your monthly income.	00-	·	1 006 94
		The result	is your monthly net income.	23c.	\$	1,096.84
24.	For ex	xample, do yo	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your terms of your mortgage?			ase or decrease because of a
	■ No	0.				
	□ Ye	es.	Explain here:			
	-		1			

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Fill in this information to	o identify your	case:		
Debtor 1 Anto	oinne Thomps	son		
First N	lame -	Middle Name	Last Name	
Debtor 2 Ivon	nne M. Thomp	son		
(Spouse if, filing) First N	lame -	Middle Name	Last Name	
United States Bankruptcy	y Court for the:	NEW JERSEY		
Case number	14			
(if known)				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Did	you pay or agree to pay someone who is NO	T an attorney to help yo	u fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that X	er penalty of perjury, I declare that I have rea they are true and correct. /s/ Antoinne Thompson	X /s.	Ivonne M. Thompson
that X	they are true and correct. /s/ Antoinne Thompson Antoinne Thompson	X <u>/s</u>	Ivonne M. Thompson onne M. Thompson
that X	they are true and correct. /s/ Antoinne Thompson	X <u>/s</u>	Ivonne M. Thompson